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# Adolescent Sex Offenders

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## The National Clearinghouse on Family Violence

### Who Are Adolescent Sex Offenders?

- An adolescent sex offender is defined as any male or female between the ages of 12 and 17 years of age who commits any sexual act with a person of any age against the victim's will, without consent, or in an aggressive, exploitive, or threatening manner.
- Adolescent sex offenders come from all socio-economic, ethno-cultural, and religious backgrounds. They also vary widely in their level of intellectual functioning, their motivation, the victims they choose, and the behaviours they commit.
- Some teens sexually abuse only younger children, others peer-aged victims. Some abuse only within their family. Others choose dating partners, acquaintances, strangers, and sometimes adults. Some use force or extreme violence while others trick, subtly pressure or manipulate their victims into sexual activity. Most adolescent sex offenders are known by their victims.
- Some teens commit only "hands-off" sexual offences such as voyeurism (peeping), exposing their private parts to others, making obscene phone calls, frottage (rubbing against others in crowded places), or fetishism (such as stealing underwear). Others commit "hands-on" sexual offences such as fondling or penetration with a penis, finger or objects.
- Defining a behaviour as being sexual assault or abuse can sometimes be difficult. It is easy to identify a



sexual offence when there is a wide age gap between the teen perpetrator and the victim or the abuse involves force or penetration. But as the age gap narrows, and if the behaviour involves fondling or an absence of force or aggression, it is necessary to assess it in terms of coercion, consent, or power differences.

- Coercion happens when one person tricks, pressures, or manipulates another to do something. If victims have been coerced, they have not really given full and informed consent.
- If the perpetrator is in a position of power over or has responsibility for the victim, the relationship is not equal, so consent has not really been given. Power advantages can come from an offender being an older sibling, being a baby-sitter of the victim, being bigger in physical size or stronger, or having greater mental or emotional maturity.

## How Widespread is the Problem?

- Precise estimates of the extent of adolescent sex offending behaviour in Canada are difficult to obtain. Detailed statistics on teen sex offending, are not readily available from treatment programs and services. Official national statistics do not reflect the fact that sometimes sexual assault charges are brought to court as common assault charges.
- Nationally, between 15% and 33% of all sex offences in Canada are committed by persons under 21 years of age.

Males represent approximately 90% of adult and adolescent sex offenders reported to authorities<sup>1, 2</sup>.

- In Ontario, between 1979 and 1984, nearly 1,400 persons between the ages of 16 and 19 were convicted of one or more sexual offences<sup>3</sup>.
- A population survey done for the Badgley Commission on sexual offences against children found that almost one third of suspected or known offenders against children was under the age of 21<sup>4</sup>.
- Many victims do not report their abuse out of fear of revenge. Victims of sexual dating violence or acquaintance rape, or male victims of female offenders often do not define their experience as sexual assault or abuse therefore do not report it.
- Other victims are afraid of parental reactions, or are too embarrassed to report because they mistakenly believe that what happened to them is their fault. Some are sometimes reluctant to involve the police or other “officials” because they think they will bring shame or stigma to themselves or their family. Some victims are just too young, developmentally delayed, or immature to realize they were sexually assaulted or sexually abused.
- Sexual acts by teens are still often dismissed or minimized as being just experimentation or harmless curiosity. Adolescent sex offenders rarely disclose their abusing behaviour or refer themselves to treatment. Many parents

also do not report incidents of incest between siblings or other members of the family.

## How Serious Are Their Offences?

- When adolescents are caught sex offending it is generally assumed that this is not the first time they have done it or thought about doing it. Some teens begin by committing less serious kinds of sexual assault and, if not caught, progress to more serious offences. Serious forms of sexual behaviour typically have developed over a course of time.
- Sexual offences committed by teens range widely in their degree of seriousness. Penetration can account for as much as 37% or more of all reported offences.
- Most, though not all, adolescent sex offenders are older than their victims. Force and threats are more typically used against older or peer aged victims, while misuse of power and authority, trickery, bribery or blackmail may be used with younger victims and small children<sup>5</sup>.

## Where Do These Sexual Offences Occur?

- It is generally believed that female sex offenders abuse more victims inside the family, while males abuse both siblings and others outside the family.
- Sex offences involving teen perpetrators occur most often in the victim's home, or the victim and offender's common home. Some happen while teens are baby-sitting

siblings or other children. Others occur outside, in parks, alleys, and cars, and inside apartment or townhouse stairwells, elevators, and garages. Nearly 15% of all sexual offences involving teen perpetrators happen at school or on school property<sup>6</sup>.

## Why Do Adolescents Commit Sexual Offences?

- Adolescents commit sex offences for a variety of reasons. Some teens who are awkward socially, have difficulty making friends, or have been rejected by other youth of their own age, sometimes turn to younger children for friendship or sex. The children they molest usually don't understand what is happening to them. They typically become scared or feel they cannot complain, so the teen may take this as a sign of consent and continue abusing them.
- Some teens offend out of anger or a need for power and control over others.
- Some teens may be developmentally delayed and unaware that what they are doing is wrong and abusive.
- Some male teens in dating relationships possess distorted thinking about sex and relationships. They think that if their partner says "no" she only needs a little encouragement, verbal persuasion, or mild force. Adolescent sex offenders sometimes attempt to copy scenes they have seen in pornography media.

- Many adolescent sex offenders grow up in abusive families where alcoholism, substance abuse, and inter-parental violence are commonplace. Seeing this everyday teaches a young person that anger, frustration, and personal needs can be dealt with by the use of force and violence.

## Previous Victimization

- A history of physical abuse, sexual abuse, or neglect can be found in the background of many adolescent sex offenders. One of the few Canadian studies on this subject found that about 33% of adolescent male offenders had experienced abuse or neglect in their childhood<sup>7</sup>.
- One American study found that 60% of abusers had been physically abused, 50% had been sexually abused, and 70% had experienced neglect in childhood. Over 50% of the adolescents had experienced a combination of these forms of abuse<sup>8</sup>. Sexual victimization also shows up in the backgrounds of significant numbers of female adolescent sex offenders<sup>9</sup>.
- Adolescents who were themselves abused as children sometimes use sex offending as a way to get revenge. Some youth abused by parents and older siblings or family members may think that sex between older and younger persons is “normal”.
- Recent clinical research has shown that the relationship between previous victimization and future offending is

complex<sup>10</sup> and influenced to a significant degree by the quality of care and relationships child victims experience with their parents or caregivers<sup>11</sup>.

- Not all sexual offenders were themselves abused as younger children. However, child sexual abuse victims are at greater risk of offending than are non-victims, though most child victims do not become offenders. Previous victimization is increasingly recognized as an important treatment issue.

## Female Adolescent Sex Offenders

- Though a majority of adolescent sex offenders are male, research emerging over the past ten years has begun to document female sex offending. Studies of hospital, child welfare agency, and treatment programs have found that females comprise between 3%-10% of the sex offender population. General population and victimization surveys report significantly higher numbers and extend the range up to 50%<sup>12</sup> and even higher<sup>13</sup>, depending on the victim sample population studied.
- Many of the behaviours of female adolescent sex offenders are hard to detect since few people question the close interactions of females with children. Much of the offending by females occurs when they are baby-sitting. Most victims are acquaintances and, primarily children. Twenty percent of sex offences against male siblings are committed by sisters, compared to 21% for brothers<sup>14</sup>.

- Adolescent females, like males, also offend against partners in same sex relationships. Research on same sex peer sexual assault among teens is only just beginning to be done.
- Adolescent females commit many of the same types of offences as their male peers<sup>15, 16</sup>. Some believe girls sex offend because they are forced to do so by male accomplices. However, some studies have not found this to be true<sup>17, 18</sup>. It is also believed that females use less force and violence to obtain compliance from their victims.

## **Offenders With An Intellectual Disability**

- Because research on adolescent sex offenders with an intellectual disability is lacking, it is difficult to provide a detailed picture. Early Canadian studies found varying degrees of intellectual disability in adolescent sex offenders that ranged between 24%-36%<sup>19, 20</sup>. The more severe the disability the more difficult it becomes to label the teen's behaviour as sex offending. Less than 3% of adolescent sex offenders could be considered seriously mentally disturbed or sociopathic.

## **Interventions With Adolescent Sex Offenders**

Interventions with adolescent sex offenders are guided by four principles:

- Treatment must be directed at preventing further victimization;

- Legal accountability for offending behaviour must be acknowledged and communicated;
- Evaluation of the youth offender must include a thorough assessment conducted by a therapist trained to work with sex offenders;
- Treatment in peer groups designed specifically for teen sex offenders is the preferred mode of intervention.

Treatment programs for adolescent offenders should be staffed by persons trained to provide sex-offence specific interventions. All young offenders should be given a thorough assessment to develop an individualized program of care designed to meet their specific needs.

Professionals who work with adolescent sex offenders may choose a combination of individual, group, and family therapy, depending on the needs of the youth and the circumstances of the offence.

Teens in treatment are often provided with anger management and impulse control skills, basic sex education, relapse prevention techniques, life skills, and strategies to help them deal with their distorted thinking patterns.

Because the adolescent sex offender field is relatively new, we are still a long way from having all the information we need to be able to predict with a high degree of accuracy who will offend. Treatment providers, struggling with limited resources,

are challenged to provide thorough assessments and comprehensive treatment interventions.

## Prevention

- We must be mindful of the words we use to discuss teen sex offending. Sexual offending behaviour is only one aspect of the young person's life. Labelling a youth a "sex offender" can have significant negative developmental consequences. We need to see the behaviour in a wider context of the youth's life and experience. We also need to recognize that teens often get their ideas about sex and sexuality from adults in the world around them. Currently, pornography is the principle source of information about sex and sexuality for young people.
- We should understand a young person's curiosity about sex and learn to recognize the difference between appropriate sexual experimentation and problematic sexual behaviour.
- Because many adolescents who offend were themselves victimized, we have to recognize the importance of dealing with the underlying harm caused by their own abuse. If we neglect to do so, we will have little success in treating their offending behaviour<sup>21</sup>.
- Some adolescents begin sex offending before they reach 12 years of age. Many of these children are simply reacting to their own abuse. Others may copy sexual behaviour they have witnessed on the part of older siblings, adults, or in pornography. Therefore, early identification and treatment are essential for all young children who have been abused.
- We need to take all problematic sexual behaviour of children and teens seriously. Holding abusers accountable, regardless of their age, is important for the well-being and healing of victims. It also brings abusers to the attention of those who can help stop them from harming themselves and others again.
- While always potentially harmful to victims, some sex offending behaviour can start with curiosity and experimentation with younger children and siblings then gradually get out of hand. Parents and caregivers should closely monitor the sexual behaviours of children and provide gentle corrective feedback to them immediately.
- There is a need to provide young people with appropriate, age-relevant information about sex and sexuality. Emphasis should be placed not simply on sex, birth control, or sexually transmitted diseases, but also include information about feelings, relationship-building, dating, power and control, sexual harassment, consent, and force.
- The best teacher for a child or teen is a positive adult who models a sense of equality in relationships, possesses accurate information about sex, and is comfortable with his or her own sexuality.

Such a person should use clear, concise and direct language. Using vague or complicated terms reveals the adults' discomfort and suggests to the youth that there is something shameful about sex.

- Adults should carefully screen teenaged baby-sitters, both male and female, before using their services. Hire only mature and competent teens or adults. Obtain references from other families. Carefully observe the child's behaviour around this person, especially when returning home.
- You can support local and national efforts in the media and popular entertainment to eliminate harmful sexual stereotypes, the sexualization of children and youth, the undue exploitation of male and female sexuality, and violent sexual images.
- Experts in this field agree that there is a need to develop and support multi-disciplinary, coordinated continuum of care, including post-program supports or aftercare for these young offenders. Professionals within the continuum from child welfare and counsellors to police, probation officers, and the judiciary should possess a common understanding of the most current information available regarding adolescent sex offending behaviour and treatment.

## Reporting Child Sexual Abuse

If you believe you have reasonable grounds to suspect that a child is being sexually exploited or abused, promptly report your

concerns to the child welfare agency, provincial or territorial social services department or police force in your community. In all cases, the person reporting is protected from any kind of legal action, provided the report is not falsely made and motivated by malice.

## Where to Go for Support Services

Contact your local

- child welfare agency,
- police department,
- social service agency,
- hospital,
- mental health centre,
- sexual assault centre,
- transition home,
- distress centre, or
- other community service organizations that provide counselling to children and families.

Many of these organizations are listed among the emergency telephone numbers on or near the first page of your local telephone directory.

Children who want help can also call the Kids' Help phone at 1-800-668-6868.

## **Suggested Readings**

- Bolton, F., Morris, L., & MacEachron. (1989). *Males at Risk: The Other Side of Child Sexual Abuse*. London, England: Sage.
- Breer, J. (1987). *The Adolescent Molester*. Springfield, IL: Charles Thomas.
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- Mathews, R., Matthews, J., & Speltz, K. (1989). *Female Sexual Offenders: An Exploratory Study*. Orwell, VT: Safer Society Press.
- Ryan, G. & Lane, S. (1991). *Juvenile Sexual Offenses: Causes, Consequences, and Correction*. Lexington, MA: Lexington Books.
- Steen, C. & Monnette, B. (1989). *Treating Adolescent Sex Offenders in the Community*. Springfield, IL: Charles Thomas.

## **Available from the National Clearinghouse on Family Violence**

- Mathews, F. (1995) *Making the Decision to Care: Guys and Sexual Assault*. Ottawa: NCFV – Health Canada.

Mathews, F. (1996). *The Invisible Boy: Revisioning the Victimization of Male Children and Teens*. Ottawa: NCFV – Health Canada.

Ryerse, C. (1996). *National Inventory of Treatment Programs For Child Sexual Abuse Offenders*. Ottawa: NCFV – Health Canada.

## **Additional Resources**

Bateman, P. & Mahoney, B. (1989). *Macho: Is That What I Really Want?* Scarborough, NY: Youth Education Systems.

Bays, L. & Freeman-Longo, R. *How Can I Stop? Breaking My Deviant Cycle*. Orwell, VT: Safer Society Press.

Harvey, W. & McGuire, T. (1989). *So, There Are Laws About Sex!* Toronto: Butterworths.

Johnson, S. (1992). *Man to Man: When Your Partner says No*. Orwell, VT: Safer Society Press.

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12. Risin, L. & Koss, M. (1987). The sexual abuse of boys: Prevalence and descriptive characteristics of childhood victimization. *Journal of Interpersonal Violence*, 2(3).
13. Johnson, R.L., & Shrier, D. (1987). "Past sexual victimization by females of male patients in an adolescent medicine clinic population." *American Journal of Psychiatry*, 144(5).
14. Longo, R. & Groth, N. (1983). "Juvenile sexual offences in the histories of adult rapists and child molesters." *International Journal of Offender Therapy and Comparative Criminology*, 27.
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